

APPOINTMENT DETAILS

Patient Name: Test Patient | N/A | 35 yrs
Contact: patient@example.com | +918976358976
UHID: UHIDPAT041
Appt ID: 43

Consult Date: 13/08/2025 at 10:24 AM
Consult Type: Video Call

VITAL SIGNS

No vital signs recorded

CHIEF COMPLAINTS

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DIAGNOSIS/ PROVISIONAL DIAGNOSIS

Primary Diagnosis: test primary di
Secondary Diagnosis: abcd

MEDICATIONS

Name	Strength	Dosage	Frequency	Duration	Instructions
Paracetamol 500mg		0-0-0	Once Daily	7d w m	

ADVICE/ INSTRUCTIONS

General Instructions: Take regular medication as prescribed

(Doctor's Signature)

Disclaimer: This prescription is issued on the basis of your inputs during teleconsultation. It is valid from the
until the specific period/dosage of each medicine as advised.

